	PAIL	Effective October 1, 2003									)9,	165	28 3	712
	·		D - PART mn 1)				SMAL TYPE	LEN	1117	OF		ER THAN LL ENTITY		
	TOTAL CL	CLAIMS							RAT	ΕĪ	FEE	٦	RATI	
	FOR			NUMBER FILED			NUMBER EXTRA		BASIC	FEE	385.0	OF	BASIC F	<del>- </del>
TOTAL CHARGEABLE CLAIMS			NMS .	minus 20=					X\$ 9	=		OR	X\$1.8:	=
╟	INDEPENDENT CLAIMS			minus 3 =					X43	-		OR	X86=	1
Ľ	MULTIPLE DEPENDENT CLAIM PRE				ESENT				+145	_		7	+290=	
•	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	L	
C). / CLAIMS AS AMENDED - PART II										R THAN				
٣.		(Column 1) (Column 2) (Column 3)								<del></del>	TITY	OR	SMALI	ENTITY
AMENDMENT	Amot	REMAIN AFTER AMENDM	٦		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	11	PATE	TI	ODI- ONAL FEE		RATE	ADDI- TIONAL FEE
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AM	Independer	SENTATION O	Min MILITIE		BENDENT C	2 0144	-		X43=			OR	X86-	
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								<b>L_</b>	TOTAL	- 1	<u></u>	OR A	TOTAL	
_		(Column			(Column		(Column 3)							
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Τ.		(Column 1	)		(Column:		Column 3)							·
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ri	RȘT PRESE	-			$\neg$	<u> </u>								
the entry in column 1 is less than the entry in column 2, write 10 in column 3.  TOTAL  OR +290=  OR +290=  OR +000T FEE  ADDIT FEE														
i Uni	e mignest Nur	mber Previously F mber Previously F ber Previously Pa	Paid For II	y THIS 9	SPACE is loss	than 3	enter 3	ADDI	r. FEE	opriate	O = 800x in	ADL	иг. FEE <b>L</b>	
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Application or Docket Number